

CERTIFICATION

I, _____, do hereby certify that I have compared the attached copy of the Resolution _____: Resolution to Opt Back In to Opioids Settlement Under Indiana Code 4-6-15-2 with the original which remains of record in my office, and that said copy is a true and complete copy of the original.

In testimony whereof, I have hereunto subscribed my name and affixed the seal of The Town of Zionsville, Indiana, this ____ day of _____, 2022.

By: _____
Name and Title